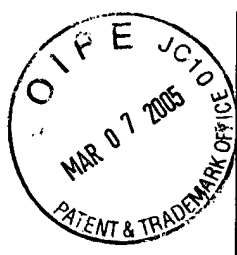
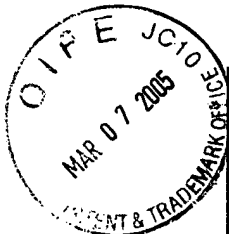


03-08-05

26/11/05
15



AMENDMENT TRANSMITTAL LETTER			Docket No. 11345/102001	
Application No. 09/400,447-Conf. #3453	Filing Date September 21, 1999	Examiner H. B. Lonsberry	Art Unit 2611	
Applicant(s): Jean-Paul Bastien et al.				
Invention: BROADCAST AND RECEPTION SYSTEM, AND RECEIVER/DECODER AND REMOTE CONTROLLER THEREFOR				
TO THE COMMISSIONER FOR PATENTS				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.				
CLAIMS AS AMENDED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
Total Claims	32	- 35 =		x
Independent Claims	4	- 4 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				120.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:				120.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
Jonathan P. Osha Attorney Reg. No.: 33,986			REG. NO. 51,048 Dated: <u>March 7, 2005</u>	
OSHA & MAY L.L.P. 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600				
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV562274935US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. Dated: March 7, 2005 Signature: (Yuki Tsukuda)				



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	09/400,447-Conf. #3453
		Filing Date	September 21, 1999
		First Named Inventor	Jean-Paul Bastien
		Examiner Name	H. B. Lonsberry
		Art Unit	2611
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	11345/102001
TOTAL AMOUNT OF PAYMENT		(\$)	120.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha & May L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

32 - 35 = _____ x _____ = _____

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

4 - 4 = _____ x _____ = _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ /50 _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

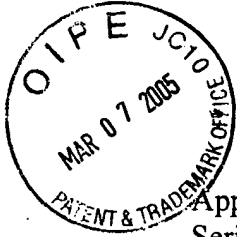
Other (e.g., late filing surcharge): 1251 Extension for response within first month **Fees Paid (\$)** 120.00

SUBMITTED BY

Signature	<u>[Signature]</u> REG. NO. <u>51,048</u>	Registration No. (Attorney/Agent)	33,986	Telephone	(713) 228-8600
Name (Print/Type)	Jonathan P. Osha			Date	March 7, 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV562274935US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 7, 2005 Signature: [Signature] (Yuki Tsukuda)



U.S. Patent Application Serial No. 09/400,447
Attorney Docket No. 11345.102001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jean-Paul BASTIEN et al.

Art Unit : 2611

Serial No.: 09/400,447

Examiner : H. LONSBERRY

Filed : September 21, 1999

Confirmation No.: 3453

Title : BROADCAST AND RECEPTION SYSTEM, AND RECEIVER/DECODER
AND REMOTE CONTROLLER THEREFORE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REPLY UNDER 37 CFR § 1.111

In response to the Office Action dated November 5, 2004, please amend the
present application as follows and consider the included remarks.